

IDAHO PART-YEAR RESIDENT & NONRESIDENT INCOME TAX RETURN

2003

AMENDED RETURN, check the box.
See instructions, page 10 for the reasons
for amending and enter the number.

☐

A R F W M

For calendar year 2003, or fiscal year beginning _____, ending _____

Use IDAHO label. Otherwise, please print or type.	Your first name and initial	Last name	Your Social Security Number (required)
	Spouse's first name and initial	Last name	Spouse's Social Security Number (required)
	Mailing address		<input type="checkbox"/> Taxpayer deceased in 2003
	City, State and Zip Code		<input type="checkbox"/> Spouse deceased in 2003

Do you need Idaho income tax forms mailed to you next year? ☐ Yes ☐ No

Residency status

Check one for yourself
and one for your spouse
if a joint return.

1. Yourself	Resident	Idaho Resident on Active Military Duty	Nonresident	Part-Year Resident	Military Nonresident
2. Spouse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Full months in Idaho this year ☐ Yourself ☐ Spouse ☐ Indicate current state of residence. ☐ Yourself ☐ Spouse

Filing status

If filing married joint or separate
return, enter spouse's name and
social security number above.

1. ☐ Single
2. ☐ Married filing joint return
3. ☐ Married filing separate return
4. ☐ Head of household
5. ☐ Qualifying widow(er)

6. Exemptions Enter the same number
claimed on federal return.

- a. ☐ Yourself
b. ☐ Spouse
c. ☐ Other dependents
d. ☐ Total exemptions
- If parents, or someone
else, can claim you (or
your spouse) as
dependents, enter "0."

Election campaign fund

I want \$1 of my income tax to go to the Idaho
Election Campaign Fund (\$2 on joint return).

7. Yourself	8. Spouse	7. Yourself	8. Spouse
Constitution <input type="checkbox"/>	<input type="checkbox"/>	Republican <input type="checkbox"/>	<input type="checkbox"/>
Democratic <input type="checkbox"/>	<input type="checkbox"/>	No Specific <input type="checkbox"/>	<input type="checkbox"/>
Libertarian <input type="checkbox"/>	<input type="checkbox"/>	None <input type="checkbox"/>	<input type="checkbox"/>
Natural Law <input type="checkbox"/>	<input type="checkbox"/>		

ATTACH PAYMENT HERE

ATTACH STATE W-2 COPIES HERE

IDAHO INCOME. See instructions, page 11.

	Idaho Amounts	
9. Wages, salaries, tips, etc. Attach Form(s) W-2.	9	00
10. Taxable interest income	10	00
11. Dividend income	11	00
12. Alimony received	12	00
13. Business income or (loss). Attach federal Schedule C or C-EZ.	13	00
14. Capital gain or (loss). If required, attach federal Schedule D.	14	00
15. Other gains or (losses). Attach federal Form 4797.	15	00
16. IRA distributions (taxable amount)	16	00
17. Pensions and annuities (taxable amount)	17	00
18. Rents, royalties, partnerships, S corporations, trusts, etc. Attach federal Schedule E.	18	00
19. Farm income or (loss). Attach federal Schedule F.	19	00
20. Unemployment compensation	20	00
21. Other income. Attach explanation.	21	00
22. TOTAL INCOME. Add lines 9 through 21.	22	00

IDAHO ADJUSTMENTS. See instructions, page 11.

23. Deductions for IRAs and medical savings accounts	23	00
24. Moving expenses. Attach federal Form 3903 or 3903-F.	24	00
25. Deductions for self-employment tax, health insurance and retirement plan	25	00
26. Penalty on early withdrawal of savings	26	00
27. Deductions for student loan interest, tuition and fees, and alimony paid	27	00
28. TOTAL ADJUSTMENTS. Add lines 23 through 27.	28	00
29. ADJUSTED GROSS INCOME. Subtract line 28 from line 22.	29	00

- ☐ Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below.
Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.

SIGN HERE	Your signature	Date	Paid preparer's signature	Preparer's EIN, SSN, or PTIN
	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime phone	Address and phone number	

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.

		Column A - Total		Column B - Idaho	
ADJUSTMENTS See page 12	30. Enter amount from federal Form 1040, line 34, 1040A, line 21, or 1040EZ, line 4 in Column A. Enter amount from line 29 in Column B.	30	00		00
	31. Additions from Form 39NR, Part A, line 4. Attach Form 39NR.	31	00		00
	32. Income after additions. Add lines 30 and 31.	32	00		00
	33. Subtractions from Form 39NR, Part B, line 24. Attach Form 39NR.	33	00		00
	34. TOTAL ADJUSTED INCOME. Subtract line 33 from line 32.	34	00		00
35. a. Check if age 65 or older <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. Check if blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 40 and 65. <input type="checkbox"/>					
Standard Deduction For Most People Single: \$4,750 Head of Household: \$7,000 Married filing Jointly: \$9,500 Married filing Separately: \$4,750 Qualifying Widow(er): \$9,500	36. Itemized deductions. Attach federal Schedule A. Federal limits apply.	36			00
	37. All state and local income taxes included on federal Schedule A, line 5	37			00
	38. Subtract line 37 from line 36.	38			00
	39. Standard deduction. See instructions, page 12, if you checked any boxes on line 35.	39			00
	40. Multiply \$3,050 by the number of exemptions claimed on line 6d. Federal limits apply.	40			00
	41. Add line 40 and the LARGER of line 38 or line 39.	41			00
	42. Idaho percentage. Divide line 34, Column B, by line 34, Column A.	42			%
	43. Multiply amount on line 41 by the percentage on line 42 and enter the result here.	43			00
	44. Idaho taxable income. Subtract line 43 from line 34, Column B.	44			00
	45. TAX from tables or rate schedule. See instructions, page 28.	45			00
	46. Income tax paid to other states. Attach Form 39NR and other state return.	46			00
	47. Credit for contributions to Idaho educational entities	47			00
	48. Investment tax credit. Attach Form 49. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	48			00
	49. Credit for contributions to Idaho youth and rehabilitation facilities	49			00
	50. Credit for production equipment using post-consumer waste	50			00
	51. Promoter-sponsored event credit	51			00
52. Credit for qualifying new employees. Attach Form 55. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	52			00	
53. Credit for Idaho research activities. Attach Form 67. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	53			00	
54. Broadband equipment investment credit. Attach Form 68. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	54			00	
55. Incentive investment tax credit. Attach Form 69.	55			00	
56. Line 45 minus lines 46 through 55. If less than zero, enter zero.	56			00	
OTHER TAXES See page 14	57. Fuels tax due. Attach Form 75.	57			00
	58. Sales/Use tax due on mail order, Internet, and other nontaxed purchases	58			00
	59. Tax from recapture of credits from Form 39NR, Part F, line 4.	59			00
	60. Permanent building fund. Check the box if you are receiving Idaho public assistance payments. <input type="checkbox"/>	60		10	00
	61. TOTAL TAX. Add lines 56 through 60.	61			00
DONATIONS See page 15	62. I wish to donate to the Nongame Wildlife Conservation Fund.	62			00
	63. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.	63			00
	64. TOTAL TAX PLUS DONATIONS. Add lines 61 through 63.	64			00
PAYMENTS See page 15	65. Grocery credit. Nonresidents do not qualify. See instructions, page 15.	65			00
	66. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39NR.	66			00
	67. Special fuels tax refund _____ Gasoline tax refund _____ Attach Form 75.	67			00
	68. Idaho income tax withheld. Attach Form(s) W-2.	68			00
	69. 2003 Form 51 payment(s) and amount applied from 2002 return	69			00
70. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 65 through 69.	70			00	
TAX DUE/REFUND See page 16	If line 64 is more than line 70, GO TO LINE 71. If line 64 is less than line 70, GO TO LINE 74.				
	71. TAX DUE. Subtract line 70 from line 64.	71			00
	72. Penalty <input type="checkbox"/> Interest from the due date <input type="checkbox"/> Enter total	72			00
	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account. <input type="checkbox"/>				
	73. TOTAL DUE. Add lines 71 and 72.	73			00
	74. OVERPAID. Line 70 minus lines 64 and 72.	74	00		
	75. REFUND. Amount of line 74 to be refunded to you.	75	00		
76. ESTIMATED TAX. Amount of line 74 to be applied to your 2004 estimated tax.	76			00	
AMENDED RETURN See page 16	AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.				
	77. Total tax due (line 73) or overpayment (line 74) on this return	77			00
	78. Refund from original return plus additional refunds	78			00
	79. Tax paid with original return plus additional tax paid	79			00
80. Amended tax due or refund. Add lines 77 and 78 and subtract line 79.	80			00	